Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 1 of 57

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Barnett First name Ezekiel	First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Reeves, III Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2459	

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Page 2 of 57 Document Case number (if known)

Debtor 1 Barnett Ezekiel Reeves, III

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live		If Debtor 2 lives at a different address:				
		1019 Keltic Circle Chesapeake, VA 23323 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Chesapeake City County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
5.	Why you are choosing this district to file for	Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Page 3 of 57 Document

Debtor 1 Barnett Ezekiel Reeves, III

Case number (if known)

Bankruptcy Code you are choosing to file under Chapter 17	art 2	Tell the Court About Y	our Bank	ruptcy Ca	se							
Chapter 12	E	Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.									
Chapter 12	C	choosing to file under	☐ Chapt	ter 7								
I will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your locabout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, corder. If your attorney is submitting your payment on your behalf, your attorney may pay with a a pre-printed address. I need to pay the fee in installments. (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have yet applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have yet applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have yet applies to your family size and you are unable to pay the fee in installments. If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have yet applies to your family size and you are unable to pay the fee in installments. If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B). No.			☐ Chapt	ter 11								
I will pay the entire fee when I file my petition. Please check with the clerk's office in your los about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, coorder. If your attorney is submitting your payment on your behalf, your attorney may pay with a a pre-printed address. need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A). request that my fee be waived (You may request this option only if you are flining for Chapter but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hast by ears? No.			☐ Chapt	ter 12								
about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, co order. If your attorney is submitting your payment on your behalf, your attorney may pay with a a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application The Filling Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you rincome is less than 150% of it applies to your family size and you are unable to pay the fee in installments. If you choose this option only if you rincome is less than 150% of it applies to your family size and you are unable to pay the fee in installments. If you choose this the Application to Have the Chapter 7 Filling Fee Waived (Official Form 103B) and file it with you bankruptcy within the last 8 years? 9. Have you filed for bankruptcy within the last 8 years? No.			■ Chapt	ter 13								
The Filing Fee in Installments (Official Form 103A). request that my fee be waived (You may request this option only if you are filing for Chapter but is not required to, waive your fee, and may do so only if your income is less than 150% of it applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Fi	i. I	low you will pay the fee	abo ord	out how yo er. If your	u may pay. Typically, if you attorney is submitting your p	are paying	the fee yourself,	you may pay with cash	n, cashier's check, or money			
I request that my fee be waived (You may request this option only if you are filling for Chapter but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your hands the last 8 years? No. No.							e this option, sign	and attach the Applica	ation for Individuals to Pay			
but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with your have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with your have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you seek that you are the chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have have have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have have have the Chapter 7 Filling Fee Waived (Official Form 103B) and flie it with you have have have have have have have have				•	,	,	this option only if	vou are filing for Char	oter 7. By law, a judge may.			
bankruptcy within the last 8 years? Pyes. Eastern District of Virginia When 11/16/16 Case number 1/16/16 Case n			but app	is not requ lies to you	uired to, waive your fee, and ir family size and you are ur	d may do so nable to pay	only if your incom the fee in install	me is less than 150% oments). If you choose	of the official poverty line that this option, you must fill out			
District Virginia When 11/16/16 Case number 10 Eastern District of Virginia When 2/07/11 Case number 11 District Virginia When 2/07/11 Case number 11 District When Case number 11 No When Case number 11 No Case number 11 No When Case number 11 No When Case number 11 No Case number 11	k	pankruptcy within the	_									
District Virginia When 2/07/11 Case number 1 District Virginia When 2/07/11 Case number 1 When Case number 1 When Case number 1 Output District Wirginia When 2/07/11 Case number 1 When Case number 1 No Case number 1				District		When	11/16/16	Case number	16-73973			
District District When Case number				District		When	2/07/11	Case number	11-70509			
cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor				District		When		Case number				
cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor	0. 4	Are any bankruntcy	=									
District When Case number, if known Relationship to you District When Case number, if known Relationship to you When Case number, if known	f r y	cases pending or being illed by a spouse who is not filing this case with you, or by a business partner, or by an										
Debtor Relationship to you Case number, if known that the property of				Debtor				Relationship to y	/ou			
District When Case number, if known that the control of the contro				District		When		Case number, if	known			
11. Do you rent your Room No. Go to line 12. residence?				Debtor								
residence?				District		When		Case number, if	known			
			■ No.	Go to li	ne 12.							
☐ Yes. Thas your randiona obtained an eviction judgment against you:	r	esidelice :	☐ Yes.	Has yo	ur landlord obtained an evid	tion judgme	ent against you?					
☐ No. Go to line 12.					No. Go to line 12.							
Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101 this bankruptcy petition.						nt About an	n Eviction Judgme	ent Against You (Form	101A) and file it as part of			

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 4 of 57

Debtor 1 Barnett Ezekiel Reeves, III Case number (if known)

art	3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.					
		☐ Yes.	Name	and location of bus	siness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code				
	it to this petition.		Check	the appropriate bo	ox to describe your business:				
				Health Care Business (as defined in 11 U.S.C. § 101(27A))					
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))					
				Stockbroker (as defined in 11 U.S.C. § 101(53A))					
				None of the above	e				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in is, cash-flo i.C. 1116(filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure C. 1116(1)(B).					
	For a definition of small	■ No.	I am n	ot filing under Chap	oter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.					
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
art	4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.							
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?					
	identifiable hazard to public health or safety? Or do you own any property that needs			iate attention is					
	immediate attention?		needed,	why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?					
					Number, Street, City, State & Zip Code				

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 5 of 57

Debtor 1 Barnett Ezekiel Reeves, III

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main

Document Page 6 of 57 Case number (if known) Debtor 1 Barnett Ezekiel Reeves, III Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Barnett Ezekiel Reeves, III Signature of Debtor 2 Barnett Ezekiel Reeves, III Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on

January 24, 2019 MM / DD / YYYY

Entered 01/24/19 09:51:16 Case 19-70280-SCS Doc 1 Filed 01/24/19 Desc Main Document Page 7 of 57 Case number (if known)

Debtor 1 Barnett Ezekiel Reeves, III

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Timothy V. Anderson	Date	January 24, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Timothy V. Anderson 43803		
Printed name		
ANDERSON & ASSOCIATES, P.C.		
Firm name		
2492 North Landing Road		
Suite 104		
Virginia Beach, VA 23456		
Number, Street, City, State & ZIP Code		
Contact phone (757) 301-3636	Email address	NorfolkAttorney@aol.com
43803 VA		
Bar number & State		

	Case	19-70280-SCS	Doc 1 Filed 0		ered 01/24/19 09	:51:16	Des	c Main
Fill	in this inform	ation to identify your		em Paue (3 (11 .37	1		
Deb	otor 1	Barnett Ezekiel R	eeves. III			1		
		First Name	Middle Name	Last Name	_			
	otor 2 use if, filing)	First Name	Middle Name	Last Name				
Unit	ted States Ban	kruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA				
Cas	se number							
(if kn	own)							c if this is an
]	amen	ded filing
Of•	ficial Ear	m 1065um						
		<u>m 106Sum</u> EYour Assets a	and I iahilities ar	nd Certain St	atistical Informa	tion		12/15
Be a	s complete ar	nd accurate as possib	le. If two married people	are filing together	, both are equally respor	sible for s	upplyir	ng correct
			es first; then complete the new <i>Summary</i> and checl		his form. If you are filing of this page.	amended s	schedu	les after you file
Par		rize Your Assets			or and page.			
ı aı	Julilla	nize Tour Assets					· · · · · · · · · · · · · · · · · · ·	
							Your a Value of	ssets of what you own
1.	Schedule A/	B: Property (Official Fo	orm 106A/B)					242.000
	1a. Copy line	55, Total real estate, fr	om Schedule A/B				\$	212,670.00
	1b. Copy line	62, Total personal prop	perty, from Schedule A/B				\$	18,922.43
	1c. Copy line	63, Total of all property	on Schedule A/B				\$	231,592.43
Par	t 2: Summa	rize Your Liabilities						
							Your li	abilities
							Amoun	t you owe
2.			aims Secured by Property nn A, Amount of claim, at		o) st page of Part 1 of <i>Sched</i> o	ıle D	\$	219,248.68
3.			Unsecured Claims (Officia I (priority unsecured claim		chedule E/F		\$	23,519.47
	3b. Copy the	total claims from Part	2 (nonpriority unsecured c	laims) from line 6j o	f Schedule E/F		\$	5,661.84
					Your total lia	bilities \$		248,429.99
Par	t 3: Summa	rize Your Income and	Expenses					
4.		our Income (Official Fo		÷ 1			\$	3,629.77
5.		Your Expenses (Official onthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>				\$	2,879.00
Par		, ,	Administrative and Stati					
Tal	Allower	THESE WIRSHOHS 101	Administrative and Stati	ioticai i\CCUIUS				

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Filed 01/24/19 Case 19-70280-SCS Entered 01/24/19 09:51:16 Desc Main Doc 1 Page 9 of 57 Case number (if known) Document

Debtor 1 Barnett Ezekiel Reeves, III

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,405.13

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	23,519.47
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	23,519.47

Ci	ase 19-70	280-S	SCS Doc 1			d 01/2 ment		Ente 10 age	red 01/2 of 57	4/19 09:	51:16	De	sc Main
ill in this i	nformation to	identify	your case and th	is filinç	g:								
Debtor 1	Barne	ett Ezel	kiel Reeves, III										
	First Nar	me	Middle	Name			Las	st Name					
Debtor 2 Spouse, if filing	j) First Nar	me	Middle	Name			Las	st Name					
Jnited State	es Bankruptcy (Court for	the: EASTERN	DISTRI	IC	T OF VII	RGINIA						
												_	
Case numbe	er												Check if this is an amended filing
Official	Form 10	6A/E	3										
3ched	lule A/E	3: Pi	roperty										12/15
				an asset	et o	nlv once	. If an as	set fits in r	nore than one	category, lis	t the asset	in the	category where you
☐ No. Go t ■ Yes. Wi	to Part 2. here is the prope	rty?											
1.1				What	at ic	the pro	nerty? Ch	neck all that a	only				
	Keltic Circle			•			mily home		эріу	Do not dod	ict cocurad	l claims	or exemptions. Put
Street ad	dress, if available, o	or other des	scription	_	- - r	•	r multi-uni			the amount	of any sec	ured cla	aims on <i>Schedule D:</i>
					. (-		poperative		Creditors V	/ho Have C	laims S	Secured by Property.
Choss	anoako	VA	23323-0000				ured or m	obile home		Current va			urrent value of the
City	apeake	State	ZIP Code		-	Land	nt propert	27		entire prop	erty? 2,670.0 (•	ortion you own? \$212,670.00
Oity		Otate	Zii Gode		_	Timeshar		.y					· ,
] (Other						•	ownership interest y by the entireties, or
				Who	_			he property	? Check one	a life estat	•	n.	
Ches	apeake City					Debtor 1 Debtor 2	•			Fee sim	Jie		
County	apeane Ony				_		and Debto	or 2 only					
					_			debtors and	l another		if this is c tructions)	ommu	nity property
							-		about this iter	n, such as lo	cal		
						•	ication n	umber:					
				Cos		: \$236 [\$23,	•						
				 FM\	 V:	\$212,	 670						
						. ,							
			ortion you own fo Part 1. Write that								=>		\$212,670.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Case 19-70280-SCS

Doc 1

Filed 01/24/19

Entered 01/24/19 09:51:16

Desc Main

Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16

Case 19-70280-SCS Page 12 of 57

Case number (if known) Document Debtor 1 Barnett Ezekiel Reeves, III 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... \$300.00 Springfield 9mm with ammunition Stoeger 12g shotgun with ammunition \$150.00 \$150.00 Savage Arms .308 rifle with ammunition 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$800.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$20.00 Watch 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... \$50.00 4 dogs 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ No Yes. Give specific information..... \$50.00 **CPAP** machine

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,470.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 3

Case 19-70280-SCS Filed 01/24/19 Entered 01/24/19 09:51:16 Page 13 of 57

Case number (if known) Document Debtor 1 **Barnett Ezekiel Reeves, III** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$40.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... checking account Wells Fargo Bank \$212.00 (0443)17.1. savings account \$20.00 Wells Fargo Bank 17.2. (1354) 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) Cox Enterprises, Inc. \$11.379.43 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: Yes. \$800.00 Vacation prepayment Carnival Cruises (May 24, 2019 - June 2, 2019) 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No

Doc 1

Desc Main

		Case 19-7	70280-SCS	Doc 1				./24/19 09:51:16	Desc Main
D	ebtor 1	Barnett E	zekiel Reeves,	Ш	Document	Pa	ge 14 of 57 _c	Case number (if known)	
	☐ Yes	S	Institution name	and descript	tion. Separately file t	the rec	ords of any intere	sts.11 U.S.C. § 521(c):	
25	■ No	•	r future interests		(other than anythin	ng list	ed in line 1), and	rights or powers exercis	able for your benefit
26	Exar ■ No	mples: Internet		ebsites, proc	and other intellect eeds from royalties			ts	
27	Exar ■ No	nples: Building	es, and other ger permits, exclusive information abou	e licenses, co		on hold	lings, liquor licens	es, professional licenses	
M	oney o	r property ow	ed to you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
28	□ No	efunds owed to		t them. includ	ling whether you alro	eadv fi	led the returns an	d the tax vears	
					x refunds]	
				(De	ebtor owes)			Federal and State	\$1.00
29	Exar ■ No	•	or lump sum alin	nony, spousa	ıl support, child supp	oort, m	aintenance, divord	ce settlement, property set	element
30	Exar	mples: Unpaid v benefits	unpaid loans you			nefits,	sick pay, vacation	pay, workers' compensal	ion, Social Security
31	. Intere	s. Give specific ests in insurar nples: Health, c	ce policies	surance; hea	lth savings account	(HSA)	; credit, homeown	er's, or renter's insurance	
	☐ Yes	s. Name the ins		of each polic ny name:	y and list its value.		Beneficiar	y:	Surrender or refund value:
32	If you some	u are the benef eone has died.	iciary of a living tr		omeone who has di roceeds from a life ii		ice policy, or are c	currently entitled to receive	property because
	☐ Yes	s. Give specific	information						
33	Exar		s, employment di		ມ have filed a lawsເ ance claims, or right			or payment	
34				claims of ev	erv nature, includir	ים כטי	interclaims of the	e debtor and rights to se	off claims
J-1	■ No	s. Describe ea	-		y	. 5 500	J. dillio of the	and rights to se	

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Page 15 of 57

Case number (if known) Document Debtor 1 Barnett Ezekiel Reeves, III 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$12,452,43 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$212,670.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 \$6,470.00

62. **Total personal property.** Add lines 56 through 61... \$18,922.43 Copy personal property total \$18,922.43

63. **Total of all property on Schedule A/B**. Add line 55 + line 62 \$231,592.43

\$12,452.43

\$0.00

\$0.00

\$0.00

Official Form 106A/B Schedule A/B: Property page 6

Part 4: Total financial assets, line 36

61.

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

Part 6: Total farm- and fishing-related property, line 52

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main

	DOCUME	:11 Paue 10 01 37	
mation to identify your	case:		
Barnett Ezekiel R	Reeves, III		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
ankruptcy Court for the:	EASTERN DISTRICT C	PF VIRGINIA	
			☐ Check if this is an amended filing
	Barnett Ezekiel R First Name	Barnett Ezekiel Reeves, III First Name Middle Name First Name Middle Name	Barnett Ezekiel Reeves, III First Name Middle Name Last Name First Name Middle Name Last Name

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Identify the Preparty Vey Claim of 5								
	rt 1: Identify the Property You Claim as E	•							
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	s.C. § 522(b)(3)					
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B							
	1019 Keltic Circle Chesapeake, VA 23323 Chesapeake City County	\$212,670.00		\$1.00	Va. Code Ann. § 34-4				
	Value: \$236,300 Cos: [\$23,630]			100% of fair market value, up to any applicable statutory limit					
	FMV: \$212,670 Line from <i>Schedule A/B</i> : 1.1								
	Secured by Grand Brands LLC: Bed/mattress set, footboard and	\$500.00		\$500.00	Va. Code Ann. § 34-26(4a)				
	headboard Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	Living Room: Couches, chairs, desk, table, lamps,	\$750.00		\$750.00	Va. Code Ann. § 34-26(4a)				
	television stands Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit					
	Dining room/kitchen:	\$900.00		\$900.00	Va. Code Ann. § 34-26(4a)				
Table, chairs, microwave, refrigerator, deep freezer, dishwasher, stove, dishes, cookware, china, small kitchen				100% of fair market value, up to any applicable statutory limit					

appliances

Line from Schedule A/B: 6.3

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 17 of 57

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim ck only one box for each exemption.	Specific laws that allow exemptio
Bedroom:	\$500.00		\$500.00	Va. Code Ann. § 34-26(4a)
Dressers, chest of drawers, mirror Line from Schedule A/B: 6.4			100% of fair market value, up to any applicable statutory limit	
Other rooms: air conditioning unit, washing	\$800.00		\$800.00	Va. Code Ann. § 34-26(4a)
machine, dryer, lawn mower, lawn maintenance tools, grill/smoker, holiday decorations, linens Line from Schedule A/B: 6.5			100% of fair market value, up to any applicable statutory limit	
Televisions, cell phone, laptop, desktop computer, printer/scanner,	\$1,500.00		\$1,500.00	Va. Code Ann. § 34-26(4a)
DVD players, surround sound system Line from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	
Springfield 9mm with ammunition Line from Schedule A/B: 10.1	\$300.00		\$300.00	Va. Code Ann. § 34-26(4b)
Line nom <i>Schedule AVD</i> . 10.1			100% of fair market value, up to any applicable statutory limit	
Stoeger 12g shotgun with ammunition	\$150.00		\$150.00	Va. Code Ann. § 34-26(4b)
Line from Schedule A/B: 10.2			100% of fair market value, up to any applicable statutory limit	
Savage Arms .308 rifle with	\$150.00		\$150.00	Va. Code Ann. § 34-26(4b)
Line from Schedule A/B: 10.3			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$800.00		\$800.00	Va. Code Ann. § 34-26(4)
Ellie IIOIII <i>Schedule A/D.</i> TTT			100% of fair market value, up to any applicable statutory limit	
Watch Line from Schedule A/B: 12.1	\$20.00		\$20.00	Va. Code Ann. § 34-4
			100% of fair market value, up to any applicable statutory limit	
4 dogs Line from Schedule A/B: 13.1	\$50.00		\$50.00	Va. Code Ann. § 34-26(5)
			100% of fair market value, up to any applicable statutory limit	
CPAP machine Line from Schedule A/B: 14.1	\$50.00	•	\$50.00	Va. Code Ann. § 34-26(6)
			100% of fair market value, up to any applicable statutory limit	
Cash	\$40.00		\$40.00	Va. Code Ann. § 34-4
Line from Schedule A/B: 16.1				

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 18 of 57

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	checking account (0443): Wells Fargo Bank	\$212.00		\$212.00	Va. Code Ann. § 34-4	
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	savings account (1354): Wells Fargo Bank	\$20.00		\$20.00	Va. Code Ann. § 34-4	
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit		
401(k): Cox Enterprises, Inc. Line from Schedule A/B: 21.1		\$11,379.43		\$1.00	Va. Code Ann. § 34-4	
	Line Ironi Scriedule A/b. 21.1			100% of fair market value, up to any applicable statutory limit		
401(k): Cox Enterprises, Inc. Line from Schedule A/B: 21.1		\$11,379.43		\$9,455.75	Va. Code Ann. § 34-34	
				100% of fair market value, up to any applicable statutory limit		
	Vacation prepayment: Carnival Cruises (May 24, 2019 - June 2, 2019)	\$800.00		\$800.00	Va. Code Ann. § 34-4	
	Line from Schedule A/B: 22.1			100% of fair market value, up to any applicable statutory limit		
	Federal and State: 2018 tax refunds	\$1.00		\$1.00	Va. Code Ann. § 34-4	
	(Debtor owes) Line from <i>Schedule A/B</i> : 28.1			100% of fair market value, up to any applicable statutory limit		
	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustme	nt.)	
	■ No					
	☐ Yes. Did you acquire the property covere☐ No	ed by the exemption wi	ithin 1	,215 days before you filed this case	9?	

Yes

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main

	Document F	age 19 of 57		
Fill in this information to identify ye	our case:			
Debtor 1 Barnett Ezekie	el Reeves. III			
First Name		ast Name	-	
Debtor 2			_	
(Spouse if, filing) First Name	Middle Name La	ast Name		
United States Bankruptcy Court for th	e: EASTERN DISTRICT OF VIRGINI	A	_	
Case number			☐ Check	if this is an
				led filing
				.oug
Official Form 106D				
Schedule D: Creditor	s Who Have Claims Se	ecured by Propert	v	12/15
Concadio B. Greatter		searea by Frepert	.	12/10
is needed, copy the Additional Page, fill i	e. If two married people are filing together, I it out, number the entries, and attach it to the			
number (if known).				
Do any creditors have claims secured				
☐ No. Check this box and submit	t this form to the court with your other sch	nedules. You have nothing else	to report on this form.	
Yes. Fill in all of the informatio	n below.			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor ha	s more than one secured claim, list the credito	r separately	Column B	Column C
for each claim. If more than one creditor h	as a particular claim, list the other creditors in	Part 2. As Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabe	etical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Grand Brands, LLC	Describe the property that secures the	claim: \$1,420.00	\$500.00	\$920.00
Creditor's Name	Secured by Grand Brands LLC	:		
	Bed/mattress set, footboard an	nd		
d/b/a Furniture Options	headboard As of the date you file, the claim is: Che	ok all that		
PO Box 5970	apply.	ck all that		
Virginia Beach, VA 23471	☐ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	Disputed			
_	Nature of lien. Check all that apply.	trans or acquired		
Debtor 1 only		tgage of secured		
Debtor 2 only	Chattata	eiste liese		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechar ☐ Judgment lien from a lawsuit	nic's lien)		
☐ Check if this claim relates to a		MSI		
community debt	Other (including a light to oliset)			
Data 144 (00/0047	Land B. W. Standard and Co.	4404		
Date debt was incurred 11/22/2017	Last 4 digits of account number	<u>113A</u>		
O Duckman Land	Describe the management that account the	-lai	£242.C70.00	¢2 220 00
2.2 Rushmore Lms Creditor's Name	Describe the property that secures the		\$212,670.00	\$3,236.00
orealier o riamo	1019 Keltic Circle Chesapeake 23323 Chesapeake City Count			
	Value: \$236,300	y		
	Cos: [\$23,630]			
Attn: Bankruptcy	FMV: \$212,670			
Po Box 55004	As of the date you file, the claim is: Cher apply.	ck all that		
Irvine, CA 92619	☐ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who average the debto ov	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as more car loan)	tgage or secured		
Debtor 2 only	<u> </u>			
□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechan	nic's lien)		
At least one of the deptors and another	☐ Judgment lien from a lawsuit			

Official Form 106D

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 20 of 57

	zekiel Reeves,	<u>'</u>	_	Case number (if known)		
First Name	Middle N	ame Last Name				
☐ Check if this claim re community debt	elates to a	Other (including a right to offset)	Principal			
Date debt was incurred	Opened 01/04 Last Active 3/29/18	Last 4 digits of account num	ber <u>5977</u>			
2.3 Vanguard Gro	up Inc.	Describe the property that secures	the claim:	\$1,922.68	\$11,379.43	\$0.00
Creditor's Name	<u> </u>	401(k): Cox Enterprises, Inc				·
100 Vanguard	Blvd	As of the date you file, the claim is: apply.	Check all that			
Malvern, PA 19	9355	Contingent				
Number, Street, City, S	state & Zip Code	☐ Unliquidated				
Who owes the debt? C	heck one	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only	nook ono.	An agreement you made (such as	mortanao or o	oourad		
Debtor 2 only		car loan)	mortgage or s	ecurea		
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the deb	tors and another	☐ Judgment lien from a lawsuit	,			
Check if this claim re community debt	elates to a	☐ Other (including a right to offset)				
Date debt was incurred	02/23/2017 (Payoff: 02/2020)	Last 4 digits of account num	_{ber} loan			
	•	column A on this page. Write that num		\$219,248.68		
If this is the last page of Write that number here		the dollar value totals from all pages.		\$219,248.68		
Part 2: List Others to	o Be Notified fo	or a Debt That You Already Listed				
Use this page only if you trying to collect from you	u have others to but to be used t	e notified about your bankruptcy for a lowe to someone else, list the creditor i t you listed in Part 1, list the additiona	a debt that yo in Part 1, and	then list the collection agency	here. Similarly, if you h	ave more
Name, Number, St Rushmore Lm	-	Zip Code	On wl	nich line in Part 1 did you enter the	e creditor?	
Pob 52708 Irvine, CA 92619				digits of account number		

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main

0436 13 70200 000 200	Document Pag	ne 21 of	57	01.10 0000	riviani	
Fill in this information to identify your case:						
Debtor 1 Barnett Ezekiel Reeves. I						
	ddle Name Last N	Name				
Debtor 2						
(Spouse if, filing) First Name Mi	ddle Name Last N	lame	-			
United States Bankruptcy Court for the:EASTE	ERN DISTRICT OF VIRGINIA					
Case number						
(if known)				☐ Check	if this is an	
				amend	ed filing	
Official Forms 400F/F						
Official Form 106E/F						
Schedule E/F: Creditors Who Ha	ave Unsecured Clai	ms			12/15	
chedule D: Creditors Who Have Claims Secured by P oft. Attach the Continuation Page to this page. If you be ame and case number (if known).	have no information to report in a					
Part 1: List All of Your PRIORITY Unsecured	Claims					
 Do any creditors have priority unsecured claims a 	against you?					
☐ No. Go to Part 2.						
Yes.						
2. List all of your priority unsecured claims. If a cred identify what type of claim it is. If a claim has both priority possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular claim.	ority and nonpriority amounts, list th ng to the creditor's name. If you hav	nat claim here re more than t	and show both priority a	nd nonpriority amount	s. As much as	
(For an explanation of each type of claim, see the ins	tructions for this form in the instruc	tion booklet.)				
			Total claim	Priority amount	Nonpriority amount	
Commonwealth of Virginia	Last 4 digits of account number	ber	\$2,223.00	\$2,223.00	\$0.00	
Priority Creditor's Name	When was the debt incorrect	20442	0.40			
Department of Taxation P.O. Box 1777	When was the debt incurred?	2014-2	010	-		
Richmond, VA 23218						
Number Street City State Zlp Code	As of the date you file, the cla	aim is: Check	all that apply			
Who incurred the debt? Check one.	☐ Contingent					
■ Debtor 1 only	☐ Unliquidated					
☐ Debtor 2 only ☐ Disputed						
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured	l claim:				
☐ At least one of the debtors and another	☐ Domestic support obligation	IS				
☐ Check if this claim is for a community debt	Taxes and certain other deb	ots you owe th	e government			
Is the claim subject to offset?	☐ Claims for death or persona	•	•			
■ No	☐ Other. Specify					
☐ Yes	Taxes					

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 22 of 57

Debto	Barnett Ezekiel Reeves, III		Case numb	per (if known)		
2.2	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number When was the debt incurred?	2014-2018	\$21,296.47	\$19,050.05	\$2,246.42
	Insolvency Units PO Box 7346	when was the dept incurred?	2014-2016			
	Philadelphia, PA 19101-7346					
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all tha	at apply		
W	ho incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	At least one of the debtors and another	☐ Domestic support obligations				
	Check if this claim is for a community debt	Taxes and certain other debts	ou owe the gove	ernment		
Is	the claim subject to offset?	☐ Claims for death or personal in	ury while you we	ere intoxicated		
	No	☐ Other. Specify				
] Yes	Taxes				
Part 2	List All of Your NONPRIORITY Unsecu	red Claims				
	any creditors have nonpriority unsecured claims					
_						
	No. You have nothing to report in this part. Submit t	nis form to the court with your other s	scnedules.			
	Yes.					
	t all of your nonpriority unsecured claims in the					
	secured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other					
Pa	t 2.					
					Total	claim
4.1	Chartway Federal Cu	Last 4 digits of account numb	er <u>0050</u>			\$4,102.00
	Nonpriority Creditor's Name		Onened	04/04 Last Ac	tive	
	5700 Cleveland St Virginia Beach, VA 23462	When was the debt incurred?	6/27/14	Last Ac		
	Number Street City State ZIp Code	As of the date you file, the cla	im is: Check all	that apply		
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:			
	\square Check if this claim is for a community	ommunity Student loans				
	debt	Obligations arising out of a s	eparation agree	ment or divorce that	you did not	
	Is the claim subject to offset?	report as priority claims	oring plane and	other cimiles debt-		
	■ No	☐ Debts to pension or profit-sh	•			
	☐ Yes	Other. Specify Deficien	cy on repos	sessed automo	bile	

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Debtor 1 Barnett Ezekiel Reeves. III

4.2	Credit Control Corp	Last 4 digits of account number 1104	\$468.00
	Nonpriority Creditor's Name Po Box 120568	When was the debt incurred? Opened 07/18	,
	Newport News, VA 23612	_ .	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection Attorney Chesapeake Regional Medical Ce	
4.3	First Virginia Financial Servi	Last 4 digits of account number	\$1,000.00
	Nonpriority Creditor's Name 4411A Indian River Rd. Chesapeake, VA 23325	When was the debt incurred? 8/2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Cash advance	
4.4	LabCorp	Last 4 digits of account number	\$91.84
4.4	Nonpriority Creditor's Name	Last 4 digits of account number	\$91.04
	PO BOX 2240	When was the debt incurred?	
	Burlington, NC 27216-2240	As of the date year file the claim in Obeste all that such	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<u> </u>	Поли	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	LI Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical	
		— Other. Specify	
Part 3	List Others to Be Notified About a Deb	t That You Already Listed	
is try have	ying to collect from you for a debt you owe to so	bout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a meone else, list the original creditor in Parts 1 or 2, then list the collection agency here you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional creditors here.	. Similarly, if you
		On which entry in Part 1 or Part 2 did you list the original creditor?	
	tway FCU-certified mail N: Brian T. Schools, CEO	Line 4.1 of (Check one):	

Official Form 106 E/F

Case 19-70280-SCS Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Doc 1

Page 24 of 57 Case number (if known) Document Debtor 1 Barnett Ezekiel Reeves, III

5700 Cleveland St Virginia Beach, VA 23462	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Chesapeake Regional Healthcare PO Box 791471 Baltimore, MD 21279-1471	On which entry in Part 1 or Part 2 did Line 4.2 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23612	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	
Name and Address Office of the Attorney General 900 East Main Street Richmond, VA 23219	On which entry in Part 1 or Part 2 did Line 2.1 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Resurgent Capital Services P.O. Box 10587 Greenville, SC 29603-0826	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	
Name and Address United States Attorneys Office Eastern District of Virginia 101 W Main St # 8000 Norfolk, VA 23510	On which entry in Part 1 or Part 2 did you list the original creditor? Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	23,519.47
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	23,519.47
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	5,661.84
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	5,661.84

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main

Fill in this infor	Fill in this information to identify your case:					
Debtor 1	Barnett Ezekiel R					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F VIRGINIA			
Case number						
(if known)				☐ Check if this is an		
				amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3			Otato		
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.5	· ·				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	Jity		Oldic		

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main

		Docume	ent Page 26 d)T 5 /	
Fill in this	information to identify your				
Debtor 1	Barnett Ezekiel R	eeves. III			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT C	OF VIRGINIA		
Case numb	per				
(if known)					☐ Check if this is an amended filing
					amended filing
Official	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
ill it out, ar our name	nd number the entries in the and case number (if known)	boxes on the left. Attack . Answer every question	n the Additional Page t	o this page. On the top	eeded, copy the Additional Page, o of any Additional Pages, write
1. Do y	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
☐ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana,				
■ No.	Go to line 3.				
☐ Yes	. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in line Form ′	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, line	Δ
	Name			☐ Schedule E/F, I	
				☐ Schedule G, line	e
1	Number Street				
(City	State	ZIP Code		
				_	
3.2	Name			Schedule D, line	
	· 			☐ Schedule E/F, li ☐ Schedule G, line	
-	Number Street			— Goriedale O, Illi	·
	Number Street	State	7IP Code		

Official Form 106H Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 27 of 57

	in this information to into the into the into the into the into the interest of the interest o		iel Reeves, III								
	otor 2					_					
` '		Court for the:	EASTERN DISTRICT	OF VIRGINIA							
	se number						Check	c if this is:			
(If kr	nown)						☐ Ar	n amende	d filing		
										ng postpetition following date:	
	fficial Form 1						\overline{M}	M / DD/ Y	YYY		
	chedule I: Y		ome ible. If two married peo								12/15
spo atta	use. If you are separ ch a separate sheet to t1: Describe E	ated and you to this form. (Employment	are married and not filing wing spouse is not filing wing wing wing the top of any addition	th you, do not inclu	ıde inforr	natio	on about	your spo	use. If m	ore space is	needed,
1.	Fill in your employ information.	Fill in your employment information.		Debtor 1				Debtor 2	or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed				☐ Employed				
		Employment status	☐ Not employed				☐ Not employed				
	employers.		Occupation	3rd Party Acco	unt Man	age	<u>r</u>				
	Include part-time, se self-employed work.		Employer's name	Cox Communic	ations						
	Occupation may incor homemaker, if it a		Employer's address	6205 Peachtree Rd., Tower B Atlanta, GA 303		ody					
			How long employed to	nere? 18 year	rs			_			
Par	t 2: Give Detai	ls About Mon	thly Income								
	mate monthly incom use unless you are se		te you file this form. If y	ou have nothing to r	report for a	any I	ine, write	\$0 in the	space. In	clude your nor	n-filing
	u or your non-filing sp e space, attach a sepa		re than one employer, co	embine the information	on for all e	mplo	yers for t	hat perso	n on the I	ines below. If y	you need
							For Deb	tor 1		ebtor 2 or ing spouse	
2.	, ,	• •	y, and commissions (be alculate what the month!	, ,	2.	\$	5,	033.56	\$	N/A	
3.	Estimate and list m	nonthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Inc	come. Add lin	e 2 + line 3.		4.	\$	5,03	3.56	\$	N/A_	

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 28 of 57

Deb	tor 1	Barnett Ezekiel Reeves, III				Case number	(if know	n) .				
						For Debto	r 1			ebtor 2		
	Cop	y line 4 here		4.		\$ 5 ,	033.5	6_	\$		N/A	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Secur	ity deductions	58	а.	\$ 1,	082.7	9	\$		N/A	
	5b.	Mandatory contributions for reti	•	5k	ο.	\$	0.0		\$		N/A	
	5c.	Voluntary contributions for retire		50			603.9	_	\$		N/A	=
	5d.	Required repayments of retirements of retirements and the second	ent fund loans	50			146.8	_	\$		N/A	
	5e. 5f.	Domestic support obligations		5e 5f		\$	120.2 0.0		\$		N/A N/A	-
	5g.	Union dues		5 <u>0</u>		\$	0.0	_	\$		N/A	-
	5h.	Other deductions. Specify:			1.+	\$	0.0	_	+ \$		N/A	
6.	Add	the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,	953.7	9	\$		N/A	-
7.	Calc	ulate total monthly take-home pay	Subtract line 6 from line 4.	7.		\$3,	079.7	7	\$		N/A	-
8.	List 8a.	all other income regularly received Net income from rental property profession, or farm Attach a statement for each proper receipts, ordinary and necessary b	and from operating a business, ty and business showing gross									
		monthly net income.	•	88		\$	0.0	0_	\$		N/A	_
	8b.	Interest and dividends		8k	Ο.	\$	0.0	0_	\$		N/A	
	8c. 8d.	regularly receive	ou, a non-filing spouse, or a depend child support, maintenance, divorce t.	ent 80 80		\$	0.0	_	\$		N/A N/A	-
	8e.	Social Security		86		\$	0.0		\$ 		N/A	-
	8f.		alue (if known) of any non-cash assistanps (benefits under the Supplemental	ince 8f		\$	0.0		\$		N/A	-
	8g.	Pension or retirement income		89	g.	\$	0.0	0_	\$		N/A	
	8h.	Other monthly income. Specify:	Ant. net increase due to pay restructure	84	า.+	\$	550.0	0 -	+ \$		N/A	
	011.	Caror monany moomor oposity.	Tostructure		 T			_ '				¬
9.	Add	all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.		\$	550.0	0	\$		N/A	\
10.		culate monthly income. Add line 7 - the entries in line 10 for Debtor 1 and		10.	\$	3,629.	77 +	\$_		N/A	= \$	3,629.77
11.	Inclu othe	ide contributions from an unmarried pr r friends or relatives. not include any amounts already inclu	the expenses that you list in Schea partner, members of your household, y ided in lines 2-10 or amounts that are i	our dep						hedule 11.		0.00
12.		e that amount on the Summary of Sc.	ine 10 to the amount in line 11. The hedules and Statistical Summary of Co							12.	\$	3,629.77
13.	_		e within the year after you file this fo	orm?							Combir monthly	ned y income
		No. Yes. Explain: Debtor's pay i	s pending restructure by emplo	yer beg	gin	ning Febru	ıary/N	/lar	ch 201	9. Pay	struct	ure will
			60% salary/40% commission to 7									

Official Form 106I Schedule I: Your Income page 2

be approximately a \$550.00 net increase.

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 29 of 57

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Barnett Ezek	ciel Reev	es, III		Che	eck if this is:	
							An amended filing	
	tor 2 buse, if filing)						A supplement show 13 expenses as of	ving postpetition chapter
(Opc	Juse, ii iiiiig)						10 expenses as or	the following date.
Unite	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF VIRGIN	IA		MM / DD / YYYY	
	e number nown)							
└ Of	fficial Fo	rm 106J						
			Evnor	Nege .				40/45
		J: Your			a filing tagathar b	-4h -u	ually recommendate for	12/15
info	rmation. If m		eded, atta	If two married people and chanother sheet to this to the factorial to the factorial three to the factorial three factorials are three factoria				
Part		ibe Your House	hold					
1.	Is this a join							
	■ No. Go to		in a separ	ate household?				
	N							
	=	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Del	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do vour exp	enses include	_	NI.				□ Yes
0.	expenses of	f people other t	han $_{m \Box}$	No Yes				
	yourself and	d your depende	nts? ⊔	res				
Pari	t 2: Estim	ate Your Ongoi	ng Monthi	y Expenses				
exp	imate your ex	penses as of yo	our bankr	uptcy filing date unless y y is filed. If this is a supp				
				government assistance it				
	value of such ficial Form 10		d have inc	luded it on Schedule I: Y	our Income		Your exp	enses
4.	The rental o	r home owners	hin exnen	ses for your residence. In	actude first mortgage			
		nd any rent for the		-	lolddo mot mortgagt	4.	\$	1,501.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's				4b.	· ———	0.00
				ipkeep expenses		4c.	:	0.00
5.		owner's associat			mo oquity locas	4d. 5.	·	0.00
J.	Auditional	nortyaye payint	ciilo iui yo	our residence , such as ho	ne equity loans	ວ.	Ψ	0.00

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 30 of 57

Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dicare and children's education costs ning, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: ss. Do not include taxes deducted from your pay or included in lines 4 or 20 iffy: Ant. tax payments (based off 2017 return) illiment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: payments of alimony, maintenance, and support that you did not reputed from your pay on line 5, Schedule I, Your Income (Official Form or payments you make to support others who do not live with you.	6a. \$ 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17b. \$ 17c. \$ 17d. \$	175.00 80.00 150.00 0.00 300.00 50.00 75.00 30.00 200.00 25.00 0.00 0.00 240.00 0.00 0.00
Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: If and housekeeping supplies Idicare and children's education costs Ining, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. Include car payments. Intainment, clubs, recreation, newspapers, magazines, and books In	6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$	80.00 150.00 0.00 300.00 50.00 75.00 30.00 200.00 0.00 0.00 0.00 0.00 0.0
Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs ning, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. lillment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: cypayments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$	80.00 150.00 0.00 300.00 50.00 75.00 30.00 200.00 0.00 0.00 0.00 0.00 0.0
Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs ning, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. lillment or lease payments (based off 2017 return) fillment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: rpayments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	6c. \$	150.00 0.00 300.00 50.00 75.00 30.00 200.00 25.00 0.00 0.00 240.00 0.00 0.00 0.00
Other. Specify: If and housekeeping supplies Idcare and children's education costs Ining, laundry, and dry cleaning Idcare products and services Idcal and dental expenses Idc	6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17a. \$ 17b. \$ 17c. \$	0.00 300.00 0.00 50.00 75.00 30.00 200.00 25.00 0.00 0.00 240.00 0.00 0.00 0.00 0.00
d and housekeeping supplies dicare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. lilment or lease payments (based off 2017 return) fillment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: rpayments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$	300.00 0.00 50.00 75.00 30.00 200.00 25.00 0.00 0.00 0.00 240.00 0.00 0.00 0.00
dcare and children's education costs hing, laundry, and dry cleaning onal care products and services fical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: as. Do not include taxes deducted from your pay or included in lines 4 or 20. lifty: Ant. tax payments (based off 2017 return) fillment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: other. Specify: rpayments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	8. \$	0.00 50.00 75.00 30.00 200.00 25.00 0.00 0.00 0.00 240.00 0.00 0.00 0.00 0.00
ning, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es. Do not include in lines 4 or 20. es.	9. \$	50.00 75.00 30.00 200.00 25.00 0.00 0.00 0.00 240.00 0.00 0.00
onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: as. Do not include taxes deducted from your pay or included in lines 4 or 20. es. Do not include taxes deducted from your pay or included in lines 4 or 20. iffy: Ant. tax payments (based off 2017 return) illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: rpayments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	10. \$	75.00 30.00 200.00 25.00 0.00 0.00 0.00 240.00 0.00 0.00 0.00
ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: ss. Do not include taxes deducted from your pay or included in lines 4 or 20. iffy: Ant. tax payments (based off 2017 return) fillment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: rpayments of alimony, maintenance, and support that you did not reputcted from your pay on line 5, Schedule I, Your Income (Official Form	11. \$	30.00 200.00 25.00 0.00 0.00 0.00 0.00 240.00 0.00 0.00
sportation. Include gas, maintenance, bus or train fare. of include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. of include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: s. Do not include taxes deducted from your pay or included in lines 4 or 20. sify: Ant. tax payments (based off 2017 return) fillment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Typayments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	12. \$	200.00 25.00 0.00 0.00 0.00 0.00 240.00 0.00 0.00
ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: as. Do not include taxes deducted from your pay or included in lines 4 or 20. sify: Ant. tax payments (based off 2017 return) fillment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	13. \$	25.00 0.00 0.00 0.00 0.00 240.00 0.00 0.00
rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: as. Do not include taxes deducted from your pay or included in lines 4 or 20 of ity: Ant. tax payments (based off 2017 return) Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Typayments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	13. \$	0.00 0.00 0.00 0.00 0.00 240.00 0.00 0.0
rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. iffy: Ant. tax payments (based off 2017 return) illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	14. \$	0.00 0.00 0.00 0.00 0.00 240.00 0.00 0.0
trance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20 oify: Ant. tax payments (based off 2017 return) Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Tayments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	15a. \$	0.00 0.00 0.00 0.00 240.00 0.00 0.00
ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: S. Do not include taxes deducted from your pay or included in lines 4 or 20 or	15b. \$	0.00 0.00 0.00 240.00 0.00 0.00
Life insurance Health insurance Vehicle insurance Other insurance. Specify: s. Do not include taxes deducted from your pay or included in lines 4 or 20 oify: Ant. tax payments (based off 2017 return) Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Tayments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	15b. \$	0.00 0.00 0.00 240.00 0.00 0.00
Health insurance Vehicle insurance Other insurance. Specify: s. Do not include taxes deducted from your pay or included in lines 4 or 20 cify: Ant. tax payments (based off 2017 return) Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	15b. \$	0.00 0.00 0.00 240.00 0.00 0.00
Vehicle insurance Other insurance. Specify: S. Do not include taxes deducted from your pay or included in lines 4 or 20 of the control of th	15c. \$	0.00 0.00 240.00 0.00 0.00 0.00
Other insurance. Specify: is. Do not include taxes deducted from your pay or included in lines 4 or 20 cify: Ant. tax payments (based off 2017 return) illiment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	15d. \$	0.00 240.00 0.00 0.00 0.00
s. Do not include taxes deducted from your pay or included in lines 4 or 20 ify: Ant. tax payments (based off 2017 return) Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	16. \$17a. \$17b. \$17c. \$	240.00 0.00 0.00 0.00
ify: Ant. tax payments (based off 2017 return) Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	16. \$ 17a. \$ 17b. \$ 17c. \$	0.00 0.00 0.00
Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reparted from your pay on line 5, Schedule I, Your Income (Official Form	17a. \$ 17b. \$ 17c. \$	0.00 0.00 0.00
Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reported from your pay on line 5, Schedule I, Your Income (Official Form	17b. \$ 17c. \$	0.00 0.00
Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reported from your pay on line 5, Schedule I, Your Income (Official Form	17b. \$ 17c. \$	0.00 0.00
Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not reported from your pay on line 5, Schedule I, Your Income (Official Form	17c. \$	0.00
Other. Specify: payments of alimony, maintenance, and support that you did not reported from your pay on line 5, Schedule I, Your Income (Official Form		
payments of alimony, maintenance, and support that you did not reported from your pay on line 5, Schedule I, Your Income (Official Form	17u. Þ	
icted from your pay on line 5, Schedule I, Your Income (Official Form	·	0.00
		0.00
	\$	0.00
ify:	19.	0.00
r real property expenses not included in lines 4 or 5 of this form or or		me
Mortgages on other property	20a. \$	0.00
	·	0.00
	·	0.00
	·	0.00
	·	
		0.00
in Specify. iniscellaneous/personal necessities	21. +>	53.00
ulate your monthly expenses		
Add lines 4 through 21.	\$	2,879.00
<u> </u>		_,
		2,879.00
The mile LLa and LLb. The result to your monthly expenses.	"-	2,019.00
ulate your monthly net income.		
Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,629.77
Copy your monthly expenses from line 22c above.	23b\$	2,879.00
		7= ====
Subtract your monthly expenses from your monthly income.		754 77
The result is your monthly net income.	23c. \$	750.77
11 L / (/ L	Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10 Add line 22a and 22b. The result is your monthly expenses. Alate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income. You expect an increase or decrease in your expenses within the year and ample, do you expect to finish paying for your car loan within the year or do you expe	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Specify: Miscellaneous/personal necessities Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. Sulate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income.

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 31 of 57

Fill in this infor	rmation to identify your	case:				
Debtor 1	Barnett Ezekiel R First Name	· · ·	1+ N	I		
Debtor 2	First Name	Middle Name	Last N	ame		
(Spouse if, filing)	First Name	Middle Name	Last N	lame		
United States Ba	Sankruptcy Court for the:	EASTERN DISTRICT (OF VIRGINIA			
Case number						
(if known)					☐ Check if this amended fi	
two married p ou must file th		r, both are equally responding the sankruptcy schedule nonnection with a ban	onsible for sup	oplying correct informa schedules. Making a fa		
Sig	gn Below					
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help yo	ou fill out bankruptcy fo	orms?	
■ No						
☐ Yes.	Name of person				tach Bankruptcy Petition Prepart eclaration, and Signature (Officia	
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and sch	nedules filed with this d	declaration and	
X /s/ Bai	rnett Ezekiel Reeves,	III	Х			
Barne	ett Ezekiel Reeves, III ure of Debtor 1			Signature of Debtor 2		

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 32 of 57

Fill	in this informa	ation to identify you	r casa:			
Det	otor 1	Barnett Ezekiel I	Reeves, III Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Banl	kruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA		
	se number				_	Check if this is an mended filing
Sta Be a	ns complete ar	of Financial	attach a separate sheet to	are filing together, both are	ankruptcy equally responsible for sup y additional pages, write you	
Par	t 1: Give De	etails About Your Ma	nrital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	□ Married■ Not marri	ied				
2.	During the las	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Price	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
3. state					ity property state or territory ico, Texas, Washington and W	
	■ No □ Yes. Mak	se sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Par	t 2 Explain	the Sources of You	r Income			
4.	Fill in the total	amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No ■ Yes. Fill i	n the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$4,366.34	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Case 19-70280-SCS Doc 1 Page 33 of 57
Case number (if known) Document

Debtor 1 Barnett Ezekiel Reeves, III

			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calen (January 1 to		31, 2018)	■ Wages, commissions, bonuses, tips	\$73,634.71	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
For the calend (January 1 to			■ Wages, commissions, bonuses, tips	\$80,343.23	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
winnings.	f you are fili	ng a joint cas	e and you have income that y	rest; dividends; money collect you received together, list it o tely. Do not include income th		nd gambling and lottery
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Part 3: List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy		
6. Are either □ No.	Neither De individual puring the No.	ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that crunot include	personal, family, or househo re you filed for bankruptcy, di each creditor to whom you pai editor. Do not include paymer payments to an attorney for the	Imer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligations bankruptcy case.	of \$6,425* or more? on one or more payments and the ations, such as child support at or after the date of adjustments.	the total amount you and alimony. Also, do
				ımar dahte		
■ Yes.			r both have primarily consure you filed for bankruptcy, di	d you pay any creditor a total	of \$600 or more?	
■ Yes.			re you filed for bankruptcy, di		of \$600 or more?	

paid

still owe

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Page 34 of 57 Document se number (if known) Debtor 1 Barnett Ezekiel Reeves, III Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address Dates of payment** Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Address:

Official Form 107

per person

Describe the gifts

Value

Dates you gave the gifts

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

Entered 01/24/19 09:51:16 Case 19-70280-SCS Doc 1 Filed 01/24/19 Page 35 of 57 Case number (if known) Document Debtor 1 Barnett Ezekiel Reeves, III 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred lost loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You ANDERSON & ASSOCIATES, P.C. Attorney Fees and filing fees January 2019 \$850.00 2492 North Landing Road

NorfolkAttorney@aol.com **Access Counseling** Credit counseling January 18, \$14.95 633 West 5th Street, Ste.26001 2019 Los Angeles, CA 90071 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who

promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No Yes. Fill in the details. Person Who Was Paid

Address

Suite 104

Virginia Beach, VA 23456

Description and value of any property transferred

Date payment or transfer was made

Amount of payment Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 36 of 57
Case number (if known)

Debtor 1 Barnett Ezekiel Reeves, III

18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already I No	iness or financial affairs? e as security (such as the granting of a								
	☐ Yes. Fill in the details.									
	Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made						
	Person's relationship to you		,							
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote		a self-settled trust or similar device	of which you are a						
	No Yes. Fill in the details.									
	Name of trust	Description and value of the pro	pperty transferred	Date Transfer was made						
Da	List of Contain Financial Associate Institute	rumanta Safa Danasit Bayes and Si	torogo Unito	maue						
Pal	rt 8: List of Certain Financial Accounts, Instr	uments, sare Deposit Boxes, and S	torage Units							
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	were any financial accounts or inst	ruments held in your name, or for y	our benefit, closed,						
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.									
	■ No □ Yes. Fill in the details.									
		ast 4 digits of Type of accounce count number Type of account number	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer						
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?						
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?									
	■ No									
	Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?						
Pai	rt 9: Identify Property You Hold or Control fo	r Someone Else								
23.			rty you borrowed from, are storing	for, or hold in trust						
	□ No ■ Yes. Fill in the details.									
	Owner's Name	Where is the property?	Describe the property	Value						
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, State and ZIP Code)		* • • • • •						
	Barnett E. Reeves Jr. 1236 E. Eva Blvd Chesapeake, VA 23320-6210	Debtor's residence	2004 Ford Expedition	\$2,950.00						

Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Doc 1 Case 19-70280-SCS Page 37 of 57
Case number (if known) Document

Debtor 1 Barnett Ezekiel Reeves, III

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

. 0.	the purpose of Fart 10, the following definitions	ирріў.						
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous of toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate, o	or utilize it or used				
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of when	they occurred.					
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environme	ental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	No No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or Con	nections to Any Business						
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?							
	☐ A sole proprietor or self-employed in a t	rade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							

Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?							
☐ A sole proprietor or self-employed	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
☐ A member of a limited liability cor	npany (LLC) or limited liability partnership ((LLP)					
☐ A partner in a partnership							
☐ An officer, director, or managing of	executive of a corporation						
☐ An owner of at least 5% of the vot	ing or equity securities of a corporation						
No. None of the above applies. Go to	o Part 12.						
Yes. Check all that apply above and fill in the details below for each business.							
Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.					

Name of accountant or bookkeeper

(Number, Street, City, State and ZIP Code)

Dates business existed

Page 38 of 57 Case number (if known) Document Debtor 1 Barnett Ezekiel Reeves, III 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Barnett Ezekiel Reeves, III Signature of Debtor 2 **Barnett Ezekiel Reeves, III** Signature of Debtor 1 Date January 24, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Filed 01/24/19

Entered 01/24/19 09:51:16

Case 19-70280-SCS

Doc 1

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 39 of 57 United States Bankruptcy Court

Eastern District of	Virginia
---------------------	----------

In 1		Case No.	
	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTO	RNEY FOR D	<u>PEBTOR</u>
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am compensation paid to me, for services rendered or to be rendered on behalf of the debankruptcy case is as follows:		
	For legal services, I have agreed to accept	\$	5,223.00
	Prior to the filing of this statement I have received	\$	540.00
	Balance Due	\$	4,683.00
2.	\$310.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify)		
4.	The source of compensation to be paid to me is:		
	☐ Debtor ☐ Other (specify) Trustee		
5.	■ I have not agreed to share the above-disclosed compensation with any other person u	inless they are memb	pers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons we copy of the agreement, together with a list of the names of the people sharing in the copy of the agreement.		
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determined by the preparation and filing of any petition, schedules, statement of affairs and plan which the confirmation of the debtor at the meeting of creditors and confirmation hearing, and d. Other provisions as needed:	rmining whether to f may be required;	ile a petition in bankruptcy;
7.	By agreement with the debtor(s), the above-disclosed fee does not include the following	services:	

Representation of the debtors in any dischargeability actions or any other adversary proceeding.

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 40 of 57 CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 24, 2019	/s/ Timothy V. Anderson
Date	Timothy V. Anderson 43803 Signature of Attorney
	ANDERSON & ASSOCIATES, P.C.

Name of Law Firm
2492 North Landing Road
Suite 104
Virginia Beach, VA 23456
(757) 301-3636 Fax: (757) 301-3640

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,223 (For all Cases Filed on or after 01/01/2018)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

January 24, 2019/s/ Timothy V. AndersonDateTimothy V. Anderson 43803Signature of Attorney

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 41 of 57

Fill in this inform	Fill in this information to identify your case:					
Debtor 1	Barnett Ezekiel Reeves, III					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: Eastern District of Virginia						
Case number (if known)						

Check	Check as directed in lines 17 and 21:						
	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						
☐ Check if this is an amended filing							

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

F	art	1: Calculate Your Average Monthly Income	·					
	1.	What is your marital and filing status? Check one of	only.					
		■ Not married. Fill out Column A, lines 2-11.						
		☐ Married. Fill out both Columns A and B, lines 2-11						
	10 th	II in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the tot louses own the same rental property, put the income from that	month per al by 6. Fi	riod would Il in the re	l be March 1 throusult. Do not includ	ugh August 31. If the am de any income amount r	nount of your monthly incom more than once. For exampl	e varied during e, if both
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissi	ons (before all	\$5,405.13	\$	
	3.	Alimony and maintenance payments. Do not include Column B is filled in.	le payme	nts from	a spouse if	\$	\$	
	4.	All amounts from any source which are regularly of you or your dependents, including child suppoint from an unmarried partner, members of your househout and roommates. Do not include payments from a spot you listed on line 3.	rt. Includ old, your (e regula: depende	r contributions nts, parents,	\$0.00	\$	
	5.	Net income from operating a business, profession, or farm	Debtor	1				
		Gross receipts (before all deductions)	\$_	0.00				
		Ordinary and necessary operating expenses	-\$ _	0.00				
		Net monthly income from a business, profession, or fa	arm \$ _	0.00	Copy here ->	\$	\$	
	6.	Net income from rental and other real property	Debtor					
		Gross receipts (before all deductions)	\$_	0.00				
		Ordinary and necessary operating expenses	- \$ _	0.00				
1		Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$ 0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 42 of 57

Barnett Ezekiel Reeves, III Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 5.405.13 5,405.13 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 5,405.13 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 5,405.13 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 5,405.13 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12

15b. The result is your current monthly income for the year for this part of the form.

64,861.56

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 43 of 57

Debt	or 1	Barr	nett Ezekiel Reeves, III		Case number (if known)		
16	. Cal	culate	the median family income that applies to yo	u. Follow these	e steps:		
	16a	. Fill in	the state in which you live.	VA	<u></u>		
	16h	Fill in	the number of people in your household.	1			
			the median family income for your state and si			c	60,389.00
	. 00	To fir	nd a list of applicable median income amounts, actions for this form. This list may also be availed	go online using	the link specified in the separate	Ψ	
17	. Hov	v do tl	ne lines compare?				
	17a	. 🗆	Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO		e 1 of this form, check box 1, <i>Disposable inco</i> <i>lation of Your Disposable Income</i> (Official Fo		etermined under
	17b	. •	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab	ation of Your I	form, check box 2, Disposable income is det Disposable Income (Official Form 122C-2).		
Par	t 3:	Cal	culate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)		
18.	Cop	y you	r total average monthly income from line 11			\$	5,405.13
19.	con	tend th	e marital adjustment if it applies. If you are r lat calculating the commitment period under 11 ncome, copy the amount from line 13.	narried, your sp U.S.C. § 1325	oouse is not filing with you, and you (b)(4) allows you to deduct part of your		
	19a	. If the	marital adjustment does not apply, fill in 0 on li	ne 19a.		-\$	0.00
	19b	. Subt	ract line 19a from line 18.			\$	5,405.13
20.	Cal	culate	your current monthly income for the year.	Follow these st	eps:		
	20a	. Сору	line 19b			\$	5,405.13
		Multi	oly by 12 (the number of months in a year).			x	12
	20b	. The r	result is your current monthly income for the year	ar for this part o	of the form	\$	64,861.56
	20c	. Сору	the median family income for your state and si	ze of househol	d from line 16c	\$	60,389.00
	04	Цош	do the lines compare?				
	۷۱.	_	•				
			Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the	e court, on the top of page 1 of this form, che	ck box 3, The	e commitment
			Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise o	rdered by the court, on the top of page 1 of the	nis form, che	ck box 4, The
Par	t 4:	Sig	n Below				
	Bys	signing	here, under penalty of perjury I declare that th	e information o	n this statement and in any attachments is tru	ue and correc	ct.
)	(/s/	Barn	ett Ezekiel Reeves, III				
			Ezekiel Reeves, III e of Debtor 1				
	•	•	nuary 24, 2019				
		MM	/ DD / YYYY				
	If yo	u che	cked 17a, do NOT fill out or file Form 122C-2.				
	If yo	u che	cked 17b, fill out Form 122C-2 and file it with th	s form. On line	39 of that form, copy your current monthly in	come from li	ine 14 above.

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 44 of 57

Fill in	this information to identify your case:		
Debtor	1 Barnett Ezekiel Reeves, III		
Debtor (Spous	ge, if filing)		
United	States Bankruptcy Court for the: Eastern District of Virginia		
Case r (if know	number vn)	☐ Check if	this is an amended filing
Official	Form 122C-2		
Cha	pter 13 Calculation of Your Disposa	ble Income	04/16
	out this form, you will need your completed copy of <i>Chapter 13</i>	3 Statement of Your Current Monthly In	come and Calculation of
space i	complete and accurate as possible. If two married people are find a separate sheet to this form, Include the line and pages, write your name and case number (if known).		
Part 1	Calculate Your Deductions from Your Income		
the	Internal Revenue Service (IRS) issues National and Local Star questions in lines 6-15. To find the IRS standards, go online u rmation may also be available at the bankruptcy clerk's office.	sing the link specified in the separate i	
exp	uct the expense amounts set out in lines 6-15 regardless of your arenses if they are higher than the standards. Do not include any ope C–1, and do not deduct any amounts that you subtracted from your	erating expenses that you subtracted from	income in lines 5 and 6 of Form
If yo	ur expenses differ from month to month, enter the average expens	e.	
Note	e: Line numbers 1-4 are not used in this form. These numbers appl	y to information required by a similar form	used in chapter 7 cases.
5.	The number of people used in determining your deductions f	rom income	
	Fill in the number of people who could be claimed as exemptions plus the number of any additional dependents whom you support the number of people in your household.		1
Nati	onal Standards You must use the IRS National Standard	ds to answer the questions in lines 6-7.	
6.	Food, clothing, and other items: Using the number of people you Standards, fill in the dollar amount for food, clothing, and other items.		\$647.00
7.	Out-of-pocket health care allowance: Using the number of peop the dollar amount for out-of-pocket health care. The number of people who are 65 or olderbecause older people have a higher higher than this IRS amount, you may deduct the additional amount.	ople is split into two categoriespeople w RS allowance for health car costs. If your	ho are under 65 and

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 45 of 57

Barnett Ezekiel Reeves, III Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 52.00 Copy here=> 52.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f \$ 52.00 Copy total here=> 52.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 500.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,249.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Rushmore Lms** 1,500.53 Сору Repeat this amount 1.500.53 1,500.53 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 46 of 57

ebtor 1	Barnett Ezekiel Reeves, III		Case number (if	known)		
11.	Local transportation expenses: Check the number of v	rehicles for which you claim	an ownership	or operating	expense.	
	☐ 0. Go to line 14.					
	■ 1. Go to line 12.					
	☐ 2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Stand operating expenses, fill in the <i>Operating Costs</i> that apply					196.00
13.	Vehicle ownership or lease expense: Using the IRS Lo You may not claim the expense if you do not make any lo more than two vehicles.					
Vel	hicle 1 Describe Vehicle 1: 2004 Ford Expedition	on (owned by debtor's	father)			
13a.	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b.	. Average monthly payment for all debts secured by Vehic	le 1.				
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on I are contractually due to each secured creditor in the 60 r bankruptcy. Then divide by 60.		at			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
	Total Average Monthly Paymer	ot \$	Copy here => -		Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less that	n \$0, enter \$0	 \$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Vel	hicle 2 Describe Vehicle 2:					
13d.	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	. Average monthly payment for all debts secured by Vehic leased vehicles.	le 2. Do not include costs fo	or			
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
			Come			
	Total average monthly paymen	t \$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than	n \$0, enter \$0	 \$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehice Public Transportation expense allowance regardless				the \$	0.00
15.	Additional public transportation expense: If you claim also deduct a public transportation expense, you may fill not claim more than the IRS Local Standard for <i>Public Transportation</i>	in what you believe is the a				0.00

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 47 of 57

Debtor 1	Barnett Ezekiel Reeves, III	Case number (if kno	vn)

Oth	er Nece	essary Expenses	In addition to the expense the following IRS categories		s listed above	, you are allowed your monthly expenses	s for			
16.	Taxes self-en your pa and su Do not	\$	1,140.80							
17.		•	The total monthly payroll dec	ductions th	hat your job re	quires, such as retirement				
	contrib	\$	0.00							
18			. , ,		•	11(k) contributions or payroll savings. e insurance. If two married people are	Ψ			
10.	filing to		\$	0.00						
19.	admini	by the order of a court or You will list these obligations in line 35.	\$	0.00						
20.			hly amount that you pay for							
	as a	a condition for your jo	ob, or			•				
	for :	your physically or me	entally challenged depender	nt child if r	no public educ	ation is available for similar services.	\$	0.00		
21.			nly amount that you pay for our any elementary or second		•	sitting, daycare, nursery, and preschool.	\$	0.00		
22.	that is by a he	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7. y in line 25.	\$	0.00						
23.	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.									
24.		II of the expenses a les 6 through 23.	llowed under the IRS expe	ense allo	wances.		\$	2,535.80		
Add	litional	Expense Deduction	These are additional Note: Do not include							
25.	insurar					ises. The monthly expenses for health ly necessary for yourself, your spouse, c	or			
	Health	insurance		\$	120.44					
	Disabil	ity insurance		\$	0.00					
	Health	savings account		+ \$	0.00					
	Total			\$	120.44	Copy total here=>	\$	120.44		
	Do you	actually spend this No. How much do y				L				
		Yes	, ,	\$						
26.	6. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)							0.00		
27.						nses that you incur to maintain the				
safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. \$						oo hot of other reactal laws that apply.	\$	0.00		

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 48 of 57

ebtor 1	Barnett Ezekiel Reeves, III										
	Barnett Ezekiel Reeves, III Case number (if known) Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.										
	If you believe that you have home energy of 8, then fill in the excess amount of home en	ne									
	You must give your case trustee document amount claimed is reasonable and necessary	\$_	0.00								
		dren who are younger than 18. The monthly expense ependent children who are younger than 18 years old to									
	You must give your case trustee document claimed is reasonable and necessary and it										
	* Subject to adjustment on 4/01/19, and ev	\$	0.00								
		The monthly amount by which your actual food and cloting allowances in the IRS National Standards. That amousts in the IRS National Standards.									
		tional allowance, go online using the link specified in th so be available at the bankruptcy clerk's office.	ne separa	ate							
	You must show that the additional amount	claimed is reasonable and necessary.			\$_	0.00					
	Continuing charitable contributions. The instruments to a religious or charitable organization.	e amount that you will continue to contribute in the formanization. 11 U.S.C. § 548(d)(3) and (4).	n of cash	or financia	I						
	Do not include any amount more than 15%	of your gross monthly income.			\$_	0.00					
	Add all of the additional expense deduc Add lines 25 through 31.	tions.			\$_	120.44					
Dedu	uctions for Debt Payment										
	o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home	nent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.	n secured	d	Avera	ge monthly					
33a.	Copy line 9b here			=>	\$	1,500.53					
	Loans on your first two vehicles					,					
33b.	•			=>	\$	0.00					
33c.				=>	\$	0.00					
					Ψ	0.00					
33d. Nam	List other secured debts: e of each creditor for other secured debt										
	Grand Brands, LLC	Φ.	27.74								
	- Crana Branas, EES	\$									
				No							
	Vanguard Group Inc.	401(k): Cox Enterprises, Inc.	. 🗆	Yes	\$	31.85					
	Vanguard Group Inc.	401(k): Cox Enterprises, Inc.	-	Yes No	\$	31.85					
	Vanguard Group Inc.	401(k): Cox Enterprises, Inc.			\$ +\$	31.85					
	Vanguard Group Inc.	401(k): Cox Enterprises, Inc.		No	· —	31.85					

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 49 of 57

btor 1	Barr	nett Ezekiel Reeves, III				Cas	se num	nber (if known)			
or c	other	debts that you listed in I property necessary for y					e,				
		Go to line 35.									
	Yes.	State any amount that you listed in line 33, to keep power, divide by 60 and fill	ossession o	of your property (
Name o	of the	creditor	Identify	property that secu	ures the deb	t	Tota	al cure amount		Monthly mount	cure
			23323 Value: Cos:	(eltic Circle Cl Chesapeake \$236,300 [\$23,630]							
Rush	more	e Lms		\$212,670		\$;	18,000.00	÷ 60 = \$		300.00
				•		\$			÷ 60 = \$		
						\$	_		÷ 60 = +\$		
						Total	\$	300.00	Copy total here=	, \$	300.0
Cur	rent n	ongoing priority claims, s Total amount of all past d monthly Chapter 13 planultiplier for your district as the United States Courts (-due priority an payment s stated on the	claims	the Adminis	strative	\$ _ \$ _	21,273.05	<u>i</u> ÷60	\$_	354.5
To fi	ind a li	utive Office for United States ast of district multipliers that in- instructions for this form. This	cludes your dis	strict, go online usir	ng thể link sp	ecified in the erk's office.	X _		٦		
Ave	erage	monthly administrative exp	pense				\$		Copy total		
		of the deductions for dees 33e through 36.	bt payment	i.						\$	2,214.67
Total D	educ	tions from Income									
38. Add	d all c	of the allowed deduction	s.								
		ne 24, All of the expenses e allowances	allowed und		\$	2,535.80	0				
Co	opy lir	ne 32, All of the additional	expense de	ductions	\$	120.44	4				
Co	opy lir	ne 37, All of the deductions	s for debt pa	yment	+\$	2,214.67	7				
To	ntal de	eductions			\$	4,870.91	1	Copy total here=	>	\$	4,870.9

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 50 of 57

ebtor 1	Barnett Ez	ekie	l Reeves, III			Case	num	ber (if known)		
art 2:	Determine	You	r Disposable Income Under 11 U.S	S.C. § 13	25(b)(2)				
			ent monthly income from line 14 c						\$	5,405.13
40. Fill chi disa rec	in any reaso Idren. The mability payment eived in acco	onab onthl onts fo	ly necessary income you receive f y average of any child support paym or a dependent child, reported in Par ce with applicable nonbankruptcy law nded for such child.	or suppo ents, fos t I of Forr	ort fo ter c n 12	or dependent are payments, or 2C-1, that you	\$	0	.00	
em in 1	ployer withhe 11 U.S.C. § 54	d fro	etirement deductions. The monthly m wages as contributions for qualifie (7) plus all required repayments of lo § 362(b)(19).	ed retiren	nent	plans, as specified	\$	648	.53	
42. Tot	al of all dedu	ıctio	ns allowed under 11 U.S.C. § 707(b)(2)(A).	Сор	y line 38 here =>	\$	4,870	.91	
exp the	enses and your ir expenses. `	u ha ou r	al circumstances. If special circums ve no reasonable alternative, descrinust give your case trustee a detaile ocumentation for the expenses.	be the sp	ecia	l circumstances and	i			
Descri	be the specia	al cir	cumstances			Amount of exper	nse			
						\$				
-						\$		-		
-						\$		-		
				Total	\$_	0.00	Co hei	py re=> \$	0.00	
44. To t	tal adjustmei	nts. /	Add lines 40 through 43.			=> \$	i	5,519.44	Copy here=> -\$	5,519.44
45. Ca l	culate your	moni	thly disposable income under § 13	325(b)(2)	. Sul	otract line 44 from lir	ne 3	9.	\$	-114.31
art 3:	Change in	Inco	ome or Expenses							
hav time you	ve changed or e your case w ı filed your pe	are rill be tition	r expenses. If the income in Form 1 virtually certain to change after the coopen, fill in the information below. For the column, etc., check 122C-1 in the first column, etc., when the increase occurred, and for the column in when the increase occurred.	date you for example of the state of the sta	filed ple, i 2 in i	your bankruptcy pet if the wages reported the second column,	ition d inc	and during the creased after		
Form	Line		Reason for change			Date of change		Increase or decrease?	Amount	of change
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	D-2 D-1 D-2 D-1 D-1						_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase	\$ \$ \$	
1 220	C-2					_	_	□ Decrease	\$	

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 51 of 57

Debtor 1	Barnett Ezekiel Reeves, III	Case number (if known)	
Part 4:	Sign Below		
В	y signing here, under penalty of perjury you declare that the info	ormation on this statement and in any attachments is true and correct.	
_	/s/ Barnett Ezekiel Reeves, III Barnett Ezekiel Reeves, III Signature of Debtor 1		
	January 24, 2019 MM / DD / YYYY		

Case 19-70280-SCS Doc 1 Filed 01/24/19 Entered 01/24/19 09:51:16 Desc Main Document Page 52 of 57

Debtor 1 Barnett Ezekiel Reeves, III Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2018 to 12/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Cox Comm Hampton Roads, LLC

Year-to-Date Income:

Starting Year-to-Date Income: **\$41,203.92** from check dated **6/30/2018**. Ending Year-to-Date Income: **\$73,634.71** from check dated **12/31/2018**.

Income for six-month period (Ending-Starting): \$32,430.79 .

Average Monthly Income: \$5,405.13.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Reeves, III, Barnett - - Pg. 1 of 1 Chartway Case 1990280 is CSmabbc Of Filed Of 24/19 A Entered 1909:51:16 Desc Main ATTN: Brian T. Schools, CEO 9000 Earner Main Page 57 to 57

5700 Cleveland St

Virginia Beach, VA 23462

Richmond, VA 23219

Chartway Federal Cu 5700 Cleveland St

Resurgent Capital Services P.O. Box 10587 Virginia Beach, VA 23462 Greenville, SC 29603-0826

Chesapeake Regional HealthcarRushmore Lms PO Box 791471 Attn: Bankruptcy Baltimore, MD 21279-1471 Po Box 55004 Irvine, CA 92619

Commonwealth of Virginia Department of Taxation P.O. Box 1777 Richmond, VA 23218

Rushmore Lms Pob 52708 Irvine, CA 92619

Credit Control Corp Po Box 120568 Newport News, VA 23612 United States Attorneys Office Eastern District of Virginia 101 W Main St # 8000 Norfolk, VA 23510

Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23612

Vanguard Group Inc. 100 Vanguard Blvd Malvern, PA 19355

First Virginia Financial Servi 4411A Indian River Rd. Chesapeake, VA 23325

Grand Brands, LLC d/b/a Furniture Options PO Box 5970 Virginia Beach, VA 23471

Internal Revenue Service Insolvency Units PO Box 7346 Philadelphia, PA 19101-7346

LabCorp PO BOX 2240 Burlington, NC 27216-2240